

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CGAUX 33 (6-04)	U. S. COAST GUARD AUXILIARY CHANGE OF MEMBER INFORMATION								
PRESENT MEMBER INFORMATION (Always complete this line)									
MEMBER NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 10%; border-bottom: 1px solid black;"></div> </div>	NAME LAST, FIRST AND MIDDLE INITIAL <div style="border-bottom: 1px solid black; height: 1.2em;"></div>								
ENTER ONLY THE CHANGE INFORMATION BELOW THIS LINE									
NAME LAST, FIRST AND MIDDLE INITIAL <div style="border-bottom: 1px solid black; height: 1.2em;"></div>									
SPOUSE NAME <div style="border-bottom: 1px solid black; height: 1.2em;"></div>									
ADDRESS: STREET <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> CITY <div style="border-bottom: 1px solid black; width: 40%;"></div> STATE <div style="border-bottom: 1px solid black; width: 10%;"></div> ZIP <div style="border-bottom: 1px solid black; width: 15%;"></div> </div>									
PHONES: 1. H: () <div style="border-bottom: 1px solid black; width: 15%;"></div> 2. B: () <div style="border-bottom: 1px solid black; width: 15%;"></div> EXT. <div style="border-bottom: 1px solid black; width: 10%;"></div> 3. FAX () <div style="border-bottom: 1px solid black; width: 15%;"></div> 4. BOAT () <div style="border-bottom: 1px solid black; width: 15%;"></div> 5. PAGER () <div style="border-bottom: 1px solid black; width: 15%;"></div> 6. CELL () <div style="border-bottom: 1px solid black; width: 15%;"></div> 7. EMAIL <div style="border-bottom: 1px solid black; width: 20%;"></div>									
MAIL LIST:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">NATIONAL</td> <td style="width: 25%; text-align: center;">DISTRICT</td> <td style="width: 25%; text-align: center;">DIVISION</td> <td style="width: 25%; text-align: center;">FLOTILLA</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td style="text-align: center;"><input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td style="text-align: center;"><input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td style="text-align: center;"><input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> </tr> </table>	NATIONAL	DISTRICT	DIVISION	FLOTILLA	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
NATIONAL	DISTRICT	DIVISION	FLOTILLA						
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE						
IN CASE OF EMERGENCY THE PERSON TO CONTACT IS: NAME <div style="border-bottom: 1px solid black; width: 50%;"></div> RELATIONSHIP <div style="border-bottom: 1px solid black; width: 40%;"></div> CITY <div style="border-bottom: 1px solid black; width: 50%;"></div> STATE <div style="border-bottom: 1px solid black; width: 10%;"></div> ZIP <div style="border-bottom: 1px solid black; width: 15%;"></div> PHONES: H: <div style="border-bottom: 1px solid black; width: 20%;"></div> B: <div style="border-bottom: 1px solid black; width: 20%;"></div> CELL: <div style="border-bottom: 1px solid black; width: 20%;"></div>									
OCCUPATION: <div style="border-bottom: 1px solid black; height: 1.2em;"></div>									
<div style="width: 60%;"> MEMBER SIGNATURE: <div style="border-bottom: 1px solid black; width: 90%;"></div> </div> <div style="width: 35%; text-align: center;"> DATE <div style="border-bottom: 1px solid black; width: 80%;"></div> REPORT NUMBER </div>									

CHANGE OF MEMBER INFORMATION - CGAUX-33

- A. GENERAL** - This form is used to enter permanent changes to a member's personal information on record with the U.S. Coast Guard Auxiliary.
- B. PRESENT MEMBER INFORMATION** - *This line must always be completed.* Enter your *present* Auxiliary member number and name *exactly* as it appears in the Quarterly Roster or Annual Member Summary and Status Report.
- C. ONLY FILL IN THE INFORMATION REQUIRING CHANGES IN THE FOLLOWING BLOCKS.** If the information is not to be changed, leave the block or the box blank; If information is to be deleted, write "delete" in the appropriate box.
1. LAST NAME- If JR., SR. or Numerals are used, include them in this block.
 2. FIRST NAME and MIDDLE INITIAL - Enter normal as written, (Jo Ann M., Maryann R., etc.).
 3. SPOUSE'S NAME- Use spouse's given name, **no** nicknames. If not applicable, enter N/A.
 4. STREET- Enter *new* street or P.O. Box address.
 5. CITY- Enter *new* city where street or P.O. Box is located. Enter the country after city if the residence is outside the United States.
 6. STATE- Enter the *new* official two-letter postal designation. If residence is outside the United States- leave blank.
 7. ZIP- Enter *new* five number ZIP code, plus ZIP+4, if known (63128-1903).
 8. TELECOMMUNICATIONS- Enter any *new* telephone numbers and E-mail addresses or "delete" to remove.
 9. MAIL LIST- Check the appropriate box to *change* whether to Add/Delete mail from the indicated Auxiliary level.
 10. EMERGENCY CONTACT- Enter new name, address, telephone number with Area Code and relationship of person to be contacted.
 11. OCCUPATION OR STATUS- Enter *new* occupation or status.
 12. SIGNATURE AND DATE- Signature as normally written and date.
 13. REPORT NUMBER- Consecutively number for your reference. (001, 002, etc.)

PRIVACY ACT STATEMENT

In accordance with 5 USC 552(a)(e), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. **AUTHORITY** which authorized the solicitation of the information: 14 USC Sec. 823.
2. **PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED:** To establish eligibility for enrollment and a record for the individual in the Auxiliary Management Information System.
3. **THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. **WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.